

South Carolina Department of Disabilities & Special Needs

Residential Observation Review Tool- July 2019 through June 2020

This tool is to be used by the Reviewer to determine whether the noted expectation is evident. Information may be discovered from interactions with people who receive services and their staff, by observations, and record review. Observations and other discovery methods such as interactions with residents and staff members, and record reviews should be used to determine if, on the date and time of the review, the noted requirement was "evident," "partially evident," or "not evident." Each section below should be reviewed with people who receive services and their staff. Comments should indicate any individual areas of Best Practice or areas that need additional focus from the provider. Reviewers should be as specific as possible, but adjust their language as necessary to ensure the service recipients and staff understand the questions.

Name of Location: _____ **Date and Time of Review:** _____
Time Spent On-site for Review: _____ **Reviewer:** _____

Names of Staff Present: _____

How many Staff are Scheduled to Work this Shift? _____

How many Staff are Actually Working with People Living in this Home at the Time of the Observation? _____

Names of People Supported in the Home and Present during the Observation:

Names of People Interviewed during the Observation Visit:

Requirement

Suggested Sources for Discovery through Conversation

1. People receive assistance with acquisition, retention, or improvement in skills necessary to live in the community, consistent with assessed needs, interests/personal goals.

<ul style="list-style-type: none"> Through conversation with people supported and observation, ask each person to tell you what they are learning and how their goals were chosen. Use language that is meaningful to the person. Is training meaningful to them or functional for them? Did they help choose the goals? Is the person learning new skills? Has training resulted in the person becoming more independent? Through conversation with staff and observation, ask staff to describe how they provide training to each person. Is the needed equipment/material available to staff to implement plan? This includes communication tools. 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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*Comments/ Justification for Rating: (Required)

2. Staff can describe their roles and responsibilities in supporting people.

<ul style="list-style-type: none"> What do staff view as their most important responsibility? Do they view themselves as care givers or support providers? How are staff trained to recognize each person as an individual and to promote dignity and respect? How do staff support people in achieving personal goals? How do staff offer choice in services/supports? Do they understand confidentiality policies and protect consumer information? Ask staff to describe the training are they provided to assist them in performing their roles. Do they feel adequately prepared? 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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*Comments/ Justification for Rating: (Required)

3. People are provided the degree and type of SUPERVISION necessary to keep them safe but not unnecessarily restricted.

<ul style="list-style-type: none"> Through conversation with staff and observation, consider whether people are receiving supervision at a level that promotes independence to the extent possible, while maintaining safety for each person. Do the staff know each person's capability for managing their own behavior? Does each person have a plan of supervision? Are supervision plans individualized? Can staff describe each plan? Has the Plan been implemented appropriately? For example, if staff tells you that the person must be visually checked on the hour, observe to see whether or not that occurs and that it is documented as the plan specifies. 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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<ul style="list-style-type: none"> Have staff identified behaviors that are not addressed on the plan and/or through a BSP? Have they communicated this information? Are these behaviors disruptive to the person supported and those in the area (i.e. staff and other persons supported)? Through conversation with each person, ask if they have any restrictions in their home because of another resident. Are there things they cannot do because of another person living in the home? If so, are they provided with a means to remove the restriction? Has the person ever spoken to the Human Rights Committee about things they cannot do or places they cannot go? 			
*Comments/ Justification for Rating: (Required)			
4. People are treated with DIGNITY AND RESPECT.			
<p>Observe whether persons supported are engaged in meaningful activities.</p> <ul style="list-style-type: none"> How do staff determine what is meaningful to the person supported? Have modifications been made to address any communication barriers and facilitate the resident's understanding? Do supports provided emphasize each person's capabilities rather than their disabilities or differences? Do staff speak to each person in a respectful manner? Are people addressed in their preferred way? Are people clean and well-groomed? Do they dress and style their hair the way they prefer? Are personal needs attended to in private? 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
*Comments/ Justification for Rating: (Required)			
5. People exercise AUTONOMY and INDEPENDENCE.			
<ul style="list-style-type: none"> Does each person have reasonable flexibility with wake-up times that ensure they are ready for scheduled activities (such as transportation to work)? Does each person choose what time they go to their rooms or to bed each evening? (No bedtimes) Does each person make decisions about what they do, when and where they go and who they see? Does each person have the flexibility to remain at home during the day rather than being required to participate in day programs or employment (if within their supervision needs)? Does each person help with meal planning plan, grocery shopping, and participate in meal preparation (breakfast, lunch, dinner)? Does each person have access to food items throughout the day without requesting these items from staff? Does each person get to eat at the time they want? Are they able to eat where they want and with whom they want (i.e. in a place other than the dining room or kitchen)? Does each person participate in laundry, cleaning, and household chores? 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
*Comments/ Justification for Rating: (Required)			
6. People participate in the greater Community.			
<p>Talk with people supported about their activities outside of their home.</p> <ul style="list-style-type: none"> Ask each person "What do you like to do?" and ask if they get an opportunity to do those things. Ask if each person participates in outings with friends, or other people important to them. Have modifications been made to address any communication barriers for the person in order to increase their participation? "What do you do all day?" (weekend and through-out the week) Ask how each person has access the community through planned events with their residential provider. Does each person help plan activities? How do they decide what to do? Does each person run individual errands, grocery shop, shop for clothing? If activities are limited, compare to behavior incidents (i.e. is there an increase in behavior incidents?). 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
*Comments/ Justification for Rating: (Required)			
7. People have privacy.			
<ul style="list-style-type: none"> Do people have opportunity for privacy? Can they spend time alone if they so desire? If people share a room, has their desire to continue to share a room been determined? Is each person satisfied with the arrangement? Do people receive personal care/assistance in private? Can each person lock their bathroom door, if desired (unless otherwise documented in the Plan)? Can each person lock their bedroom door, if desired? Does each person have lockable storage? Can they have visitors when they want to and according to House Rules? Is information about the person kept confidential? 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>

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8. Health status and personal care needs are known and people are provided the type and degree of CARE necessary to address those needs appropriately.

<p>Interview people supported to determine if they:</p> <ul style="list-style-type: none"> ▪ Are supported to choose their healthcare providers and make their own appointments (if they are able). ▪ Have food provided that meets the dietary requirements (restrictions, special preparations) as ordered by a physician. <p>Interview Staff to determine the following:</p> <ul style="list-style-type: none"> ▪ Medical conditions/health risks are known and needs are adequately addressed as outlined in the support plan (elopement, self-injurious behavior, seizure activity, etc.) ▪ Staff are knowledgeable about the agency's system in place to address acute conditions/illness promptly and ensure appropriate follow up. 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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☐ Referral to DDSN District Office due to Health Care Concerns.

*Comments/ Justification for Rating: (Required)

9. People are SAFE.

<ul style="list-style-type: none"> ▪ Ask the person supported "Do you feel safe?" ▪ If no, tell me why you do not feel safe. ▪ Are staff aware that you do not feel safe? If so, have they done anything to help you with this? 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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☐ Referral to DDSN District Office due to Safety Concerns.

People interviewed: _____ # People that stated they feel safe in the home: _____

List the name(s) of anyone that does not feel safe and reason given: _____

*Comments/ Justification for Rating: (Required)

10. People are supported in Physically Accessible and Safe Environments.

<ul style="list-style-type: none"> • The setting is physically accessible for each participant in the home. Observe to see if any unsafe conditions are apparent. • Are emergency numbers readily available for staff and residents? • Ask staff what their responsibilities are in responding to emergency situations. • Are staff familiar with safety equipment and how to operate it? • Are people trained on emergency procedures? Ask how they would react if a fire, tornado, etc. happened. Are fire drills conducted with individualized supports if needed (i.e. flashing lights for people who cannot hear the alarm, etc.)? Have modifications been made to facilitate safety based on person's needs i.e. grab bars, ramps, etc? Assistive devices (e.g. sight and hearing impairment devices) are available for people who require them to move or access the setting. 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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☐ Referral to DDSN District Office due to Safety Concerns.

*Comments/ Justification for Rating: (Required)

11. People are supported to learn about their RIGHTS and exercise the rights that are important to them.

<ul style="list-style-type: none"> ▪ Observe to see if people move freely throughout the home. Does each person have access to all common areas of the house? Are there locks on cabinets, pantries, etc.? Are there physical barriers or alarms to prevent entering the home or leaving the home without assistance from staff? If so, check for approved modification of each person. ▪ Ask each person if they know what their rights are and if anyone has ever talked with them about rights. What rights are most important to them? ▪ Are people encouraged to advocate for themselves? ▪ Do they have a key to their room and the house if they so desire? Do only appropriate staff have keys/access to keys? ▪ Are people able to access personal possessions? Do people have access to money/belongings and a place to secure them? ▪ If rights are restricted, is Due Process afforded through the Human Rights Committee? ▪ Did the residents create the House Rules? How? ▪ Did each person participate in establishing House Rules and do they know the process for changing the House Rules, if desired? ▪ Ask staff if they are trained to respect people's individual rights. How is this training re-enforced? ▪ How do staff provide training and support to promote rights and responsibilities for each person in the home? 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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*Comments/ Justification for Rating: (Required)

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12. Staff know and implement the procedures for ABUSE and people are supported to know what abuse is and how and to whom to report it.

<ul style="list-style-type: none"> Do staff know what constitutes abuse and how to report? Does training include prevention? Ask staff what happens when abuse occurs? Are people comfortable making reports? Specific questions for each staff present: (Record response in comments below. A "no" response require additional details.) <ol style="list-style-type: none"> Did you receive training on how to deal with consumer behaviors? How did the training help you identify ways to reduce the risk of serious behavior issues on your shift? Do you feel confident that you can correctly use physical redirection techniques and restraints if needed as taught in your training and reviewed by your managers? Please explain the difference between using an agency approved restraint technique to maintain safety and crossing over the line to an intervention for which you could be held personally liable. Are people who receive services trained on abuse? What would they do if they were abused? Would they know how to report? To whom would they report? 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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☐ Report initiated to SLED for allegation of ANE. Date and Time of Report to SLED: _____
☐ Notification to Provider Management Staff: Name/Date/Time: _____

****Comments/ Justification for Rating: (Required)**

13. The provider has a process to determine whether or not people are SATISFIED with services?

<ul style="list-style-type: none"> Ask staff how they know whether or not the people they work with are satisfied with the services they provide them. What concerns have been expressed? Ask staff and people served to explain the process for making a complaint. Ask people if they have had a complaint and what happened? Was it resolved in a timely manner and to their satisfaction? 	Evident <input type="checkbox"/>	Partially evident* <input type="checkbox"/>	Not evident* <input type="checkbox"/>
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***Comments/ Justification for Rating: (Required)**

Reviewer must notify DDSN Quality Management within 24 hours if the aggregate results of this review require additional follow-up from District Offices. Any Health and Safety concerns or allegations of Abuse, Neglect, of Exploitation must be immediately reported. The telephone number to report allegations of ANE is 1-866-200-6066.